PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Decket Number 5		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE		
	C FEE FR 1.16(a))					Γ		s	OR		s	
TOTA	L CLAIMS FR 1.16(c))		minus 20	<u>.</u>].			x s=		OR	x s=		
INDE	PENDENT CLAIM	is	minus 3 = ·			I	x s =		OR	x \$=		
(c. c. v. v. v. v. v.					t			OR	+ 5 =			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	L	OR	TOTAL		
CLAIMS AS AMENDED - PART II										OTHE	THAN	
	(Column 1) Column 2) (Column 3)					SMALL ENTITY		OR -		OTHER THAN SMALL ENTITY		
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ME	Total (37 CFR 1.16(c))	.77	Minus	••	=		x \$=		OR	x \$=		
8	Independent (37 CFR 1.16(b))	.2	Minus	***	-	ı	x s =		OR	x \$=		
AMENDMENT						ı			OR	+s =		
	TIKST TIESETTATION OF THE PARTY						+ \$ =		1	TOTAL	 	
		9-20	-0	T			ADD'L FEE	L	OR	ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)				7			
NT B	:	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
-Ş	Total (37 CFR 1.16(c))		_Minus_	**	=		x s=		OR	_x-s =		
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus		=	Ì	x \$=		OR	x s=		
ΔM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	+ \$ =		
	FIRST PRESENT	ATION OF MOETING	202.010			1. !	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)				-			
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Æ	Total (37 CFR 1,36(c))	•	Minus	-26	=		x \$=		OR	x s=		
ENDM	Independent (37 CFR 1.16(b))	•	Minus	•••	=		x \$=		OR	x s=		
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	+ s =		
FINAL PRESENTATION OF MOUTH CE DEL BOOK SOSTILION						1	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	If the entry in a	column 1 is less th	an the enti	y in column 2, wr	ite "0" in column	3.			بـ	- -		
١.	** If the "Highest	Number Previous	ly Paid For	' IN THIS SPACE	is less than 20,	, en	er "20 . , *3*					

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